

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 07/14/2015	
NAME OF PROVIDER OR SUPPLIER AUTUMN HILLS ALZHEIMER'S SPECIAL CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3203 MOORES PIKE ROAD BLOOMINGTON, IN 47401			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177162.</p> <p>Complaint IN00177162 - Substantiated. State deficiency related to the allegation is cited at R092.</p> <p>Survey dates: July 13 and 14th, 2015.</p> <p>Facility number: 012706 Provider number: 012706 AIM number: N/A</p> <p>Census bed type: Residential: 60 Total: 60</p> <p>Sample: 06</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p>		R 0000	<p>Submission of this plan of correction does not constitute an admission by Autumn Hills Alzheimer's Special Care Center, or its management company, that the allegations contained in the survey report are a true and accurate portrayal of the provision of services provided in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>			
R 0092 Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on interview and record review, the facility failed to ensure as the facility protocol indicated to contact residents' families and provide alternate phone numbers when phone service was interrupted for longer than 8 hours.</p> <p>(Resident #B)</p> <p>Findings include:</p> <p>A statement dated July 02, 2015; received from Resident #B's family indicated they had received a brief voice mail about a fall, the resident having hit her head, and being sent to the hospital; from someone at the facility on 6/30/15. They had tried to call the facility and the phone rang and rang, no one answered.</p>	R 0092	<p>All residents have the potential to be affected by a disruption in phone lines. With that, the charge nurse will be provided a cell phone and the return phone number in the event our phone service is disrupted. This will allow the charge nurse to communicate with families/POAs, doctors, pharmacy, etc. An email will be sent or phone call will be made to families if phone lines are expected to be down longer than 8 hours. A check-off on the current rent roll will be followed to ensure all families have received some form of communication. Further, this phone number will be provided at the time of admission to new residents and their families/POAs. Current resident families/POAs will receive notification of this cell phone number with the August</p>	08/31/2015			

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	<p>On 7/13/2015 at 10:00 a.m., an interview with the Administrator indicated the phone system was down from 6/30/2015 through 7/2/2015. The nurses were provided with cell phones to use.</p> <p>On 7/13/2015 at 9:30 a.m., Resident #B's clinical record was reviewed. Diagnoses included, but were not limited to Alzheimer's disease.</p> <p>A nurses note dated 6/30/2015 at 5:57 a.m., indicated Resident #B had an unwitnessed fall and the resident stated she had hit her head. Resident #B was sent to emergency room for precautions. Daughter and son were called and messages were left.</p> <p>A physicians order dated 6/30/2015 at 6:00 p.m., indicated "Send to ER [Emergency Room] for eval [evaluation].</p> <p>On 7/13/2015 at 10:35 a.m., an interview with the Administrator indicated he received an email from the daughter, requesting information on Resident #B's physical status on 6/30/2015 at 6:43 p.m. He responded with an email, but no alternate phone number was provided to the daughter.</p> <p>On 7/13/2015 at 11:30 a.m., an interview with the Health Services Director</p>		<p>2015 statements which will be sent by August 1, 2015.</p> <p>An inservice will be held on Wednesday, July 29 covering the landline phone outage and cell phone policy. Also, customer service training will be provided to review what information should be left in a voicemail to families/POAs i.e., name of caller, name of resident, if it is an emergency, reason for call, and a return phone number. We will conduct random drills on our nursing staff throughout August 2015 to ensure appropriate customer service when leaving messages is being provided.</p>				

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	<p>indicated, she would expect staff to make more than one attempt by phone to contact a resident's family when an incident has occurred.</p> <p>On 7/14/2015 at 11:23 a.m., the Administrator provided the Telephone Outage Protocol, undated, and indicated the policy was the one currently being used by the facility. The protocol indicated: "...In cases where the telephone service is interrupted for any length of time lasting longer than 8 hours, the community staff will notify each resident's POA [power of attorney]/responsible party utilizing the community cell phone and give them an alternate number to reach the community staff by...In cases where the telephone service has been interrupted and a resident emergency has taken place, the staff will utilize the community cell phone to reach the family member ensuring they have a number to call to obtain information regarding the resident...."</p> <p>This State finding relates to Complaint IN00177162.</p>						

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